

ISSUE SLIP STAPLE AREA (for additional cross references)

| ACTION                    | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | 82       |        | 8-29-01 |
| O.I.P.E. CLASSIFIER       | L        | 5      | 1/6     |
| FORMALITY REVIEW          | 71       | 1120   | 10-8-01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1 2 3 4        | 3 9 2    |
| 5 6 7 8        | 03 03 04 |
| 9 10 11 12     |          |
| 13 14 15 16    |          |
| 17 18 19 20    |          |
| 21 22 23 24    |          |
| 25 26 27 28    |          |
| 29 30 31 32    |          |
| 33 34 35 36    |          |
| 37 38 39 40    |          |
| 41 42 43 44    |          |
| 45 46 47 48    |          |
| 49 50          |          |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 51 52 53 54    |      |
| 55 56 57 58    |      |
| 59 60 61 62    |      |
| 63 64 65 66    |      |
| 67 68 69 70    |      |
| 71 72 73 74    |      |
| 75 76 77 78    |      |
| 79 80 81 82    |      |
| 83 84 85 86    |      |
| 87 88 89 90    |      |
| 91 92 93 94    |      |
| 95 96 97 98    |      |
| 99 100         |      |

| Claim           | Date |
|-----------------|------|
| Final Original  |      |
| 101 102 103 104 |      |
| 105 106 107 108 |      |
| 109 110 111 112 |      |
| 113 114 115 116 |      |
| 117 118 119 120 |      |
| 121 122 123 124 |      |
| 125 126 127 128 |      |
| 129 130 131 132 |      |
| 133 134 135 136 |      |
| 137 138 139 140 |      |
| 141 142 143 144 |      |
| 145 146 147 148 |      |
| 149 150         |      |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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